

which would effectively undermine the proposal of the Secretary of HHS on Final Rule for organ transplantation. There is an excellent editorial in the Washington Post, dated 11-17-99. It puts this issue in perspective. It says:

Congress has not quite given up the year-long attempt to block rules that would make the Nation's organ transplant network more equitable. House leaders are maneuvering to undo a deal reached by conferees allowing the rules to go into effect, even threatening to block an unrelated authorization for research and training at children's hospitals if the organ rules are not further delayed.

This was written at a time when they were threatening to hold up the help and assistance that pediatric hospitals need to train pediatricians, to make sure that pediatric hospitals were going to be treated fairly and equitably, as other teaching hospitals.

There is broad and wide bipartisan support for the proposal to support teaching in pediatric hospitals. But that was going to be the messenger, and the poison pill was going to be the language which, as I understand, would be a part of the legislation that we will see later on in the day.

Let me continue with the Post editorial:

The rules issuance last year touched off furious counter-lobbying by the supporters of the small local transplant centers who feared that a new system based more on finding the patients with the most urgent need, and less on keeping organs near home, would force small centers to close. Never mind if it also would save lives. Currently, when an organ becomes available, it is offered locally first and then regionally. That leads to situations in which people languish on long waiting lists in some places, while the wait in other regions is much shorter. The wealthy can get on multiple waiting lists and fly to wherever a liver or kidney becomes available. Since some 4,000 people a year die while waiting for an organ, you would think a proposal to purge the distribution system of some of its inefficiencies would have been welcome. Instead, local transplant centers turn to Congress, which twice attached riders to appropriations bills delaying the regulations' effective date. They also turned to State governments, many of which passed laws that bar and prevent organs from being transferred out of State. Finally, conferees reached a compromise that would delay the rules 6 more weeks, then let them go into effect.

Mr. President, that agreement was broken with the language that has been included on the disability legislation. By breaking that agreement, the lives of tens of thousands of desperately ill people are put at risk. Every year, thousands of people die while waiting for transplantation—and at least one person every day dies because the transplantation system is not equitable. The language included on the disability legislation violates fundamental fairness—the fairness of the bargaining process in which an agreement was reached between the Secretary and the appropriators, and the fairness of the organ allocation system.

Mr. President, I will take only a moment or two more—because the time is moving on—to refer to the Institute of Medicine report, which really is the authoritative report on this whole issue. I will mention relevant parts of the institute report, and focus on the conclusion that the Institute of Medicine had on the whole question of developing rules on fairness for organ transplantation—the question of how to best address the moral issues and the ability of people to be able to be treated fairly under a system of organ distribution.

The Institute of Medicine's analysis shows that patients who have a less urgent need for a transplant sometimes receive transplants before more severely ill patients who are served by different OPOs. There is no credible evidence that implementing the HHS's recommendation would result in closure of smaller transplant centers.

Mr. President, that fear about the fate of small centers is the heart of the argument of those that have put on this rider. A rider that has no business being put on this legislation.

The Institute of Medicine analysis further found that there is no reason to conclude that minority and low-income patients would be less likely to obtain organ transplants as a result. Likewise, data does not support the assertion that potential donors and their families would decline to make donations because an organ might be used outside the donor's immediate geographical area.

The Institute of Medicine recommended that HHS—and this is on page 12 of the report—should exercise the legitimate oversight responsibilities assigned to it by the National Organ Transplant Act, and articulated in the Final Rule, to manage the system of organ procurement and transplantation in the public interest.

Federal oversight is needed to ensure that high standards of equity and quality are met. Those high standards of equity and quality were included in the Secretary's excellent recommendation. By tampering with those, we are undermining enormously powerful and important health policy issues. And this extremely controversial rider is added onto underlying legislation which is so important to millions of disabled individuals in our country. Individuals who thought—when this legislation moved through with very strong bipartisan support in the Senate, and then through the final months, has moved through the House of Representatives, and has the strong support of President Clinton, and has had the bipartisan support here in the Congress—thought that there was going to be a new day for those who have physical or mental challenges and disabilities to have the ability to participate in the workforce and become more productive, useful, active, and independent citizens in this country, and also to be able to con-

tribute to the Nation in a more significant way.

I certainly hope we can work through this process because the legislation, which as I mentioned, has been completed and supported in a bipartisan way, is a lifeline to millions of Americans and deserves passage.

I see my friend and colleague, Senator JEFFORDS, who has been instrumental in having this legislation advanced. I am glad to see him on the floor at this time. I hope he will address the Senate on this issue.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

The Senator from Vermont.

EXTENSION OF MORNING BUSINESS

Mr. JEFFORDS. Mr. President, I ask unanimous consent that morning business be extended until 1 p.m. with the time equally divided in the usual form.

The PRESIDING OFFICER. Without objection, it is so ordered.

TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT

Mr. JEFFORDS. Mr. President, I thank the Senator from Massachusetts. I would be happy if he desires to more fully discuss what we have done. I was not here to hear his full speech. I thank him. We have worked together. He was here years before I came to the Senate. In 1975, we had the initial big step forward for the disabled and were able to set up the 94142, as it was called then, to make sure all children got a good education, and specially those with disabilities.

As we have walked through this over a period of many years, we have fought year by year to remove block by block what the disabled community has had to face. Finally, we are at that point where we are opening the final door to allow them to do what all disabled want to do, and that is to have a meaningful life, to be able to seek employment, and get employment without having the doors slammed because they lost their benefits.

I can't thank the Senator enough for what he has done. Also, there are others, some who have left this body, such as Bob Dole, who was another leader for the disabled. I praise him also for the work he did, and especially in this area where he helped us introduce the bill that we were so happy to be able to cosponsor and to see it put into the final steps.

I thank the Senator from Massachusetts profusely for all he has done. I would be happy to yield for any further comment.